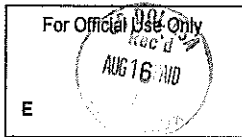


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4640</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Thomas</u> <u>P</u> <u>Tighe</u> P.O. Box, Bldg., Room No., if any Street <u>25 Harrison</u> City <u>Sayreville</u> State <u>New Jersey</u> ZIP Code + 4 <u>08872</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers &amp; Pipefitters Local 9</u> Labor Organization File Number <u>032930</u> P.O. Box, Building and Room Number, if any Street <u>2 Iron Ore Rd. @ Route 33</u> City <u>Englishtown</u> State <u>New Jersey</u> ZIP Code + 4 <u>07726</u>
5. Position in labor organization. <u>Union Organizer &amp; Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Thomas Tighe</u>	On <u>8/13/05</u> Date	<u>732-792-0999 EXT 125</u> Telephone Number

Name of Person Filing Thomas Tighe	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>11.a. Nature of such dealing.</b> <input type="text"/> <b>11.b. Approximate dollar value of such dealing.</b> <input type="text"/> <b>12.a. Nature of interest held or income received.</b> <input type="text"/> <b>12.b. Amount.</b> <input type="text"/>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <input type="text"/> Falasca Mechanical Inc. Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 3329 North Mill Rd. City <input type="text"/> Vineland State <input type="text"/> New Jersey ZIP Code + 4 <input type="text"/> 08360	<b>14.a. Nature of payment.</b> <input type="text"/> Christmas Ham \$60.00 <input type="text"/> 4 Eagle Football Tickets \$340.00
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <input type="text"/> \$400

Name of Person Filing Thomas Tighe

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## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Mechanical Contractors Association of NJ

Trade Name, if any: MCA of NJ

P.O. Box, Bldg., Room No., if any PO Box 390

Street 211 Mountian Ave.

City Springfield

State New Jersey ZIP Code + 4 07081-0390

14.a. Nature of payment.

Day at the Races 7-704 \$85.00

MCA Golf Outing 11-3-04 \$165.00

Christmas Party 12-15-04 \$84.00

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$334

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name I.E. Shaffer &amp; Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1028

Street 803 Bear Tavern Rd.

City West Trenton

State New Jersey ZIP Code + 4 08628-0230

14.a. Nature of payment.

Annual Funds Seminar 876.00

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$876

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.